

GEORGIA LEAD HAZARD CONTROL PROGRAM  
OWNER-OCCUPANT APPLICATION

Please complete and deliver this application to the City of Savannah Housing Department, 5513 Abercorn Street or mail this application to Housing Department, City of Savannah, P. O. Box 1027, Savannah, GA 31402.

Name\_\_\_\_\_

Address\_\_\_\_\_ZIP\_\_\_\_\_Neighborhood\_\_\_\_\_

Telephone #\_\_\_\_\_(Cell #)\_\_\_\_\_

Is there a child(ren) under 6 years of age that spend time in this unit at least 6 hours a week or 60 hours total per year at this residence? \_\_YES\_\_NO

Do you have a mortgage on home? [ ]Yes [ ]No Mortgage Company\_\_\_\_\_

List all persons, beginning with yourself, who live in your house; their age; their relationship to you; their gross annual income (employment or benefit income); the income source (i.e. employment, SS, SSI, pension; etc.); and their social security number. Total # of People in Household \_\_\_\_\_

Applicant	Age	SELF	\$	Income	Source Income	Social Security #
Name	Age	Relationship	\$	Income	Source Income	Social Security #
Name	Age	Relationship	\$	Income	Source Income	Social Security #
Name	Age	Relationship	\$	Income	Source Income	Social Security #
Name	Age	Relationship	\$	Income	Source Income	Social Security #

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I, the undersigned applicant(s):

- Certify that with this application I received the pamphlet entitled **“PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME”**
- Certify that all information reported in and submitted with this Application is true and correct. The undersigned applicant(s) understand that it is against the law to knowingly present false information on this application.
- Authorize the Housing Department of the City of Savannah to verify this information, to include but not limited to obtaining and reviewing my/our credit report(s).
- Have read and understood the “General Information” section of this application that is listed on the next page.

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I hereby certify that I am: (YOU MUST INITIAL ONE)  
\_\_\_\_\_US Citizen /or/ \_\_\_\_\_legal alien  
  
Applicants Signature  
  
Date  
  
Demographic Information Optional  
(Circle appropriate choices on each line)  
Race: Black/White/American Indian/Asian/Other

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\_\_\_\_\_US Citizen /or/ \_\_\_\_\_legal alien  
  
Applicants Signature  
  
Date  
  
Demographic Information Optional  
(Circle appropriate choices on each line)  
Race: Black/White/American Indian/Asian/Other

SUPPORTING DOCUMENTS: To complete your application, you must also include the documents listed in the cover letter. For any questions regarding this form or required documents, please contact Tiffany Hughes at (912) 651-6517.

Incomplete application packages will result processing delay and/or denial.



**LEAD HAZARD CONTROL & REPAIR PROGRAM**  
**General Information**

1. Homeowner household income must be at or below limits shown in table below. Household income refers to the total income of all persons living in the house.

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$34,100	\$38,950	\$43,800	\$48,650	\$52,550	\$56,450	\$60,350	\$64,250

As of February 9, 2012

2. Homeowners must own (or be purchasing) and occupy the house that is being repaired.
3. House must be safe and manageable for staff and contractor to work on.
4. House must have completed Lead Risk Assessment, Lead Inspection and Lead Blood Level testing of children spending significant time in house prior to Housing Department consideration of application. These services are provided to the Homeowner through the Georgia Lead Hazard Control Grant. Interested applicants who have not yet received these services may call Senior Program Analyst Ellen Wyatt at (912) 651-6926 to schedule an initial assessment.
5. The purpose of this program is to identify and control lead hazards; additional repairs may be possible if they significantly contribute to the livability of the housing unit or revitalization of the neighborhood and funding is available. Priority for additional repairs will be given to the building envelope and exterior conditions. Not all of the improvements desired by the homeowner may be able to be accomplished.
6. Homeowners must release the City of Savannah from any and all liability associated with work performed on the house. The City of Savannah IS NOT the contractor for work performed on housing; the homeowner will select the contractor to perform work on their housing unit.
7. Priority will be given to houses located in the following neighborhoods:
- |                         |               |                  |
|-------------------------|---------------|------------------|
| Benjamin Van Clark Park | Cann Park     | Carver Heights   |
| Cuyler/Brownsville      | East Savannah | Eastside         |
| Feiler Park             | Hudson Hill   | Jackson Park     |
| Live Oak                | Metropolitan  | Ogeecheeton      |
| Twickenham              | West Savannah | Woodville/Bartow |
8. Priority will also be given to the elderly, disabled and first time participants.
9. Submitting an application does not guarantee that an application will be approved and a house selected. Applications will be reviewed on a first-submitted, first-reviewed basis. Applications are not considered complete until all required supporting documentation are submitted.
10. Homeowners will be notified by the Housing Department whether or not their house has been selected along with an approved scope of work, in a timely fashion.

Thank you for showing interest in the

**Georgia Lead Hazard Control PROGRAM**

Department of Housing  
City of Savannah  
5513 Abercorn Street  
Savannah, Georgia  
912-651-6517  
912-351-3535 (FAX)  
[www.savannahga.gov](http://www.savannahga.gov)



U.S. Department of Housing and Urban Development  
U.S. Environmental Protection Agency  
U.S. Consumer Product Safety Commission

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To: Owners, Tenants & Purchasers  
of Housing Constructed before 1978

# Notification

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## Protect Your Family From Lead In Your Home

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If your property was constructed before 1978, there is a possibility it contains lead-based paint. The enclosed pamphlet will give you more information about lead-based paint.

I have received a copy of the pamphlet entitled, “**Protect Your Family From Lead In Your Home**”.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

GEORGIA LEAD HAZARD CONTROL PROGRAM

Lead Hazard Risk Assessment/Lead Investigation  
Authorization

Property Address (to be inspected):  
\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

I, \_\_\_\_\_, certify that I am the owner/tenant (circle one) of the above referenced property and do hereby grant authorization to the Georgia Lead Hazard Control Program (GLHC Program) certified partners, subsequent Chatham County Health Department and Savannah Housing Department employees and contractors to conduct a lead hazard risk assessment and inspection of my property.

I understand and agree that I will not be assessed a fee for this service and that I will be presented with the results of the inspection in a timely manner. These results may include a scope of work recommended to correct any lead hazards found.

I understand that if I meet certain qualifications, I may be chosen as a participant in the Georgia Lead Hazard Control Program.

Resident(s): \_\_\_\_\_ Date: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

Verification of Child Residence or Visitation

I, \_\_\_\_\_, verify that \_\_\_\_\_ born  
Occupant Child's Name  
\_\_\_\_\_ (mm/dd/yyyy), spends at least 6 hours a week or a total of 60 hours per year  
at my residence, \_\_\_\_\_.

Address  
\_\_\_\_\_  
Occupant Signature Date

Relationship to child \_\_\_\_\_

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Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Georgia Lead Hazard Control Program Position: \_\_\_\_\_

**GEORGIA LEAD HAZARD CONTROL PROGRAM**

**Consent to Blood Lead Screening**

I, \_\_\_\_\_, consent to have Chatham County Health Department collect a blood sample from children under 6 years old who reside or visit at least 3 hours or more per week at my residence before work proceeds at my residence, \_\_\_\_\_, and after lead hazard reduction work is concluded at my residence.

The pre and post hazard reduction blood samples will be tested for lead and the results will be compared. Results from testing the blood lead levels (BLLs) will be available to the parent or guardian of the child.

Pre and post blood lead testing is a criteria for participant enrollment in the Georgia Lead Hazard Control Program.

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship to child**